



Texas Department of State Health Services  
Opticians' Registry  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756-3183  
(512)834-6661

Name: \_\_\_\_\_  
Registration #: \_\_\_\_\_  
Continuing Education Period  
From : \_\_\_\_\_  
Hours Required: \_\_\_\_\_

## Statement of Continuing Education

1. In the spaces provided below list the continuing education (CE) activities which you have attended or completed during the CE period indicated above. Use an extra sheet of paper if necessary or copy this form. The number of hours claimed must equal or exceed the number of "Hours Required" for renewal.
2. Read, sign and date the attestation statement below. Please send certificates, transcripts, or other documentation of attendance / participation at this time. All programs, activities, etc., must meet the requirements set out in Subsection 129.9 of the Rules of the Department of State Health Services (DSHS) relating to continuing education.

TYPE OF ACTIVITY	TITLE OF WORKSHOP, ACTIVITY, OR SEMINAR	DATE COMPLETED	# OF CLOCK HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL NUMBER OF HOURS			_____

### ATTESTATION:

I certify that I did attend, participate in, or completed the above listed activities on the dates indicated for the number of hours specified. I have attached documentation satisfactory to DSHS to prove that I did fulfill the CE requirements for renewal of my registration.

I understand that knowingly providing false information of any kind could be just cause for revocation or suspension of my certificate.

I certify that all the above is true and correct.

\_\_\_\_\_  
Signature of renewal applicant

\_\_\_\_\_  
Date

EF67-12090 Rev. 9/04

\*\*\*\*THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT SIGNED\*\*\*\*